



Town of Franklin

HEALTH DEPARTMENT
355 East Central Street
Franklin, Massachusetts 02038-1352
p. 508-520-4905 f. 508-520-4989

New: Y or N

Fee Amount: \$100.00

RECREATIONAL CAMP LICENSE APPLICATION

Camp Name and Location Information

Camp Name:

Location where camp operates:

City:

State:

ZIP Code:

Phone:

Fax:

Email:

Website/Social Media address:

Camp Owner/Organization Information

Owner/Organization Name:

Primary Mailing address:

City:

State:

ZIP Code:

Phone(year-round):

Fax:

Email:

☐

send license to this email address

Camp Director/Operator Information (if different than owner)

Director/Operator Name:

Primary Mailing address:

City:

State:

ZIP Code:

Phone(year-round):

Fax:

Email:

☐

send license to this email address

Camp Operating Information

If the camp previously operated in Massachusetts provide: year(s) the camp operated and the name(s) the camp operated under:

☐

From: _____ To: _____ Name(s): _____

N/A

Has the camp's license ever been suspended or revoked:(check):

☐

Suspended

☐

Revoked

☐

Neither

Day or Residential Camp:

☐

Day

☐

Residential

Seasonal or Year-Round Camp:

☐

Seasonal

☐

Year-Round

Seasonal camp only:

Opening Date for camp: _____

Closing Date for camp: _____

Hours of Operation: _____

Swimming Pool(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No		Pool Permit Number: _____ Off-Site Pools (if applicable): _____ Total Number of Pool(s): _____	
Bathing Beach(s): <input type="checkbox"/> Yes <input type="checkbox"/> Off-site <input type="checkbox"/> No		Names of lake or river located at camp (if applicable): _____ Off-Site beaches (if applicable): _____	
Meals Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No		Food Permit Number: _____	
Camp Capacity (per Session): Campers: _____ Staff: _____ Total Number for the Year: _____			
Health Care Consultant Information			
Name: _____			
MA License Number: _____		Phone (to reach during camp operations): _____	
Type of Medical License:			
<input type="checkbox"/> Physician	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	(NOTE: Attach documentation of pediatric training if a PA) <input type="checkbox"/> Other: _____	
Health Care Supervisor Information			
Name: _____			
MA License Number: _____		Age: _____	
Type of Medical License, Registration or Training 105 CMR 430.159(C):			
<input type="checkbox"/> Physician <input type="checkbox"/> Nurse	<input type="checkbox"/> Physician Assistant <input type="checkbox"/> Nurse Practitioner	<input type="checkbox"/> Other: _____ Please attach documentation of current First Aid / CPR Training	
Aquatics Director Information <input type="checkbox"/> N/A			
Name: _____			Age: _____
Lifeguard Certificate issued by: _____		American Red Cross CPR Certificate: _____	
Expiration date: _____		Expiration date: _____	
American First Aid Certificate: _____		Previous aquatics supervisory experience: _____	
Expiration date: _____		_____	
Firearms Instructor Information <input type="checkbox"/> N/A			
Name: _____			
National Rifle Association Instructor's card (or equivalent): _____			
Date Certified: _____		Expiration date: _____	
Horseback Riding Instructor Information <input type="checkbox"/> N/A			
Name: _____			
License Number: _____		Expiration date: _____	
Stable Location: _____			
Licensed in accordance with MGL c.111 §155, 158:			
<input type="checkbox"/> Yes		<input type="checkbox"/> No	

Drinking Water and Plumbing Information

Is the camp a Public Water System (PWS) or connected to a town water supply?

☐
☐
☐

PWS

Town water supply

Other: _____

Is the camp connected to a municipal sewer or other community, off-site sewage disposal system or is it served by on-site sewage disposal system(s)?

☐
☐
☐

Municipal/Off-Site

On-Site (if on-site, Date of most recent septic tank pumping and inspection: _____)

Other: _____

Renewal or Previously Submitted Information

If ALL of the above information was previously submitted and has not changed, please note:

☐

INFORMATION ON FILE from previous years

Certification and Signature

I authorize the verification of the information provided in and with the application is true, complete, and not misleading to the knowledge and belief of the signer. I understand that any license granted based on false, incomplete, or misleading information shall be subject to suspension or revocation.

Signature
of applicant:

Title:

Name
(Please Print):

Date:

Comments or Additional Information

Required Documentation:

Please consult 105 CMR 430.000, MA Regulations for Minimum Standards for Recreational Camps for Children, State Sanitary Code, Chapter IV and all guidance documents, prior to filling out the application. Additionally, contact the Department of Public Health, Bureau of Environmental Health, Community Sanitation Program for any questions regarding the following documents:

- Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)
- Procedures for the background review of staff and volunteers [105 CMR 430.090]
- A copy of promotional literature [105 CMR 430.190(C)]
- Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]
- A camp health care policy [105 CMR 430.159(B)]
- A discipline policy [105 CMR 430.191]
- A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]
- A written statement of compliance from the local fire department [105 CMR 430.215]
- A Disaster/Emergency plan [105 CMR 430.210(B)]
- A lost camper plan [105 CMR 430.210(C)]
- A lost swimmer plan (when applicable) [105 CMR 430.210(C)]
- A traffic control plan [105 CMR 430.210(D)]
- For Day Camps – contingency plans [105 CMR 430.211]
- For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]
- A current certificate of inspection from the local building inspector [105 CMR 430.451]
- If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300, 303]

Please note:

When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]



Recreational Camp Operator Check-List

Recreational camps are required to develop and implement numerous site-specific policies and procedures, and to ensure that staff members are properly trained in all of them. Prior to the arrival of campers, camp operators must conduct an orientation where hands-on training can take place regarding programmatic aspects of the camp along with other required important policies and procedures. Below is a list of the documents that a camp may be required to have, along with a check-list to facilitate record keeping provisions and compliance. If you have questions as to whether a particular camp must have a certain plan, please contact your local board of health.

Documentation to Have on File	All Camps	Only If Applicable
Staff information forms (e.g. - applications, contact information, health records, certifications, etc.)	✓	
Procedures for the background review of staff and volunteers [105 CMR 430.090]	✓	
A copy of promotional literature [105 CMR 430.190(C)]		✓
Procedures for reporting suspected child abuse or neglect [105 CMR 430.093]	✓	
A camp health care policy [105 CMR 430.159(B)]	✓	
A discipline policy [105 CMR 430.191]	✓	
A fire evacuation plan – approved by the local fire department [105 CMR 430.210(A)]	✓	
A written statement of compliance from the local fire department [105 CMR 430.215]	✓	
A Disaster/Emergency plan [105 CMR 430.210(B)]	✓	
A lost camper plan [105 CMR 430.210(C)]	✓	
A lost swimmer plan (when applicable) [105 CMR 430.210(C)]		✓
A traffic control plan [105 CMR 430.210(D)]	✓	
For Day Camps – contingency plans [105 CMR 430.211]		✓
For Field Trips – A written itinerary, including sources of emergency care, access to health records/medication/first aid kits and contingency plans to be provided to the parents/guardians prior to departure [105 CMR 430.212]		✓
A current certificate of inspection from the local building inspector [105 CMR 430.451]	✓	
If applying for an initial license after January 1, 2000 – the lab analysis of a private well water supply source (if applicable) [105 CMR 430.300]		✓



Recreational Camp Operator Check-List

Licensing:

	Complete	N/A
Contact the local <u>Board of Health</u> / <u>Health Department</u> regarding annual licensing at least 90 days prior to opening. ¹		
Contact the Municipal <u>Building and Fire Departments</u> for a facility annual inspection <u>OR</u> obtain a copy of the Municipal Building and Fire Departments annual inspection of the facility.		

Policies and Procedures:

	Complete	N/A
Develop / Review / Update all required recreational camp policies and procedures.		
Review compliance with all associated regulations (food service, pools, beaches, medical waste, etc.).		
Review field trip itineraries, policies & procedures, staffing, and first aid kits.		
Review emergency plans, ensure adequate staff training, and conduct fire drills.		
Review all specialized high risk activities, including aquatics, have plans and staff in place.		
Ensure all facilities being maintained in good order (housekeeping, sanitation, egress, etc.).		

Staff:

	Complete	N/A
Obtain applications, conduct background checks (including CORI/SORI) for all staff and volunteers, and finalize hiring.		
Obtain health records for all staff & campers, identify required medications for HCC.		
Finalize Health Care Consultant (HCC) Agreement; ensure health care policies are reviewed & signed.		
Ensure adequate on-site health care supervisor(s) in-place and trained by HCC (as applicable).		
Develop agenda for staff / volunteer orientation and all required training to be completed.		

¹ **Please note:** When seeking a recreational camp license for each community where the camp is located, an applicant shall file an application with the Board of Health at least 90 days prior to the desired opening date, using a form provided by the Department or available from the Board of Health documenting all required information, including, but not limited to, a plan showing the buildings, structures, fixtures and facilities, as needed. [105 CMR 430.631]

Health Care Consultant Agreement

Recreational Camp Information

Camp Name: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Agreement Information

The Massachusetts Department of Public Health regulations for recreational camps for children, 105 CMR 430.000, require that all recreational camps for children have a health care consultant. The regulation and responsibilities of this person are described below:

430.159(A) Health Care Consultant: A designated Massachusetts licensed physician, certified nurse practitioner or physician assistant having documented pediatric training, as the camp's health care consultant. The consultant shall:

1. Assist in the development of the camp's health care policy as described in 105 CMR 430.159(B);
2. Review and approve the policy initially and at least annually thereafter;
3. Approve any changes in the policy;
4. Review and approve the first aid training of the staff;
5. Be available for consultation at all times; and
6. Develop and sign written orders, including designation of responsibility for prescription medication administration, to be followed by the on-site health care supervisor in the administration of his or her related duties; and
7. Provide training and tests of competency as required by 105 CMR 430.160 to the health care supervisor and other camp staff.

If the health care supervisor is not a licensed health care professional authorized to administer prescription medications, the administration of medications shall be under the professional oversight of the health care consultant. 105 CMR 430.160(C)

430.159(B) Health Care Policy: A written health care policy, approved by the Board of Health and by the camp health care consultant. Such policy shall include, but not be limited to: daily health supervision; infection control; medication storage and administration, including self-administration when appropriate, pursuant to the requirements of 105 CMR 430.160(D); procedures for using insect repellant; conducting tick checks; promoting allergy awareness; handling health emergencies and accidents, including parental/guardian notifications; available ambulance services; provision for medical, nursing and first aid services; the name(s) of the designated on-site camp health care supervisor; the name, address, and phone number of the camp health care consultant required by 105 CMR 430.159(A); and the name of the health care supervisor(s) required by 105 CMR 430.159(E), if applicable.

430.160(D) Assist in developing the Camp's Administration of Medication Policy: The health care consultant shall acknowledge in writing a list of all prescription and over-the counter medications administered at the camp, approve circumstances in which a health care supervisor or other employee may administer medication and give approval for campers to self-administer epinephrine or inulin (if appropriate).

430.160(E) The camp's health care consultant shall train health care supervisors on the signs and symptoms of hypo or hyperglycemia, and appropriate diabetic plan management.

430.160(G) The camp's health care consultant shall train health care supervisors, and other camp employees designated to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3), including content standards and a test of competency developed and approved by the Department;

430.160(H) The health care consultant shall: document the training and evidence of competency of unlicensed personnel designated to assume the responsibility for prescription medication administration; and provide a training review and informational update at least annually for those camp staff authorized to administer an epinephrine auto-injector pursuant to 105 CMR 430.160(D)(3).

I meet the requirements of the health care consultant as described in 105 CMR 430.159(A).

I have reviewed these referenced regulations and understand the responsibilities of the position and agree to assist this camp regarding the same.

Signature

Print Name/Title: _____

Address: _____

MA License #: _____

Signature /Date: _____

Health Care Consultant Acknowledgement of On-Site Medications

Health Care Consultant Information

Name, Title and
License #:

Address:

Phone:

Fax:

Email:

Agreement Information

I, _____, acknowledge that I serve as the Health
(Print Name)

Care Consultant for _____
(Camp Name)

As such, I hereby authorize the following listed medications to be administered to campers as prescribed, provided that, the medications are delivered to the camp, maintained by the camp, and administered in accordance with Commonwealth of Massachusetts Regulations at 105 CMR 430.160 and that the parent/guardian of the camper has provided written permission for the administration of the medication.

I am not the prescribing physician for these medications. My signature indicates only that I have reviewed the listed medications and associated potential side effects, adverse reactions and other pertinent information with all personnel listed below, who administer medications or designated health care supervisors who are appropriately trained to and are doing so under my professional oversight.

Names of individual authorized to administer medications at camp:

Signature of Health Care Consultant

Signature:

Date:

Authorization to Administer Medication to a Camper

(completed by parent/guardian)

Camper and Parent/Guardian Information

Camper's Name:

Age:

Food/Drug Allergies:

Diagnosis (at parent/guardian discretion):

Parent/Guardian's Name:

Home Phone:

Business Phone:

Emergency Telephone:

Licensed Prescriber Information

Name of Licensed Prescriber:

Business Phone:

Emergency Phone:

Medication Information 1

Name of Medication:

Dose given at camp:

Route of Administration:

Frequency:

Date Ordered:

Duration of Order:

Quantity Received:

Expiration date of Medication Received:

Special Storage Requirements:

Special Directions (e.g., on empty stomach/with water):

Special Precautions:

Possible Side Effects/Adverse Reactions:

Other medications (at parent/guardian discretion):

Location where medication administration will occur:

Medication Information 2

Name of Medication:

Dose given at camp:

Route of Administration:

Frequency:

Date Ordered:

Duration of Order:

Quantity Received:

Expiration date of Medication Received:

Special Storage Requirements:	
Special Directions (e.g., on empty stomach/with water):	
Special Precautions:	
Possible Side Effects/Adverse Reactions:	
Other medications (at parent/guardian discretion):	
Location where medication administration will occur:	
Authorization Information	
<p>I hereby authorize the health care consultant or properly trained health care supervisor at _____ (name of camp) to administer, to my child, _____ (name of camper) the medication(s) listed above, in accordance with 105 CMR 430.160(C) and 105 CMR 430.160(D) [see below].</p>	
<p>If above listed medication includes epinephrine injection system:</p> <p>I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p> <p>I hereby authorize an employee that has received training in allergy awareness and epinephrine administration to administer <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
<p>If above listed medication includes insulin for diabetic management:</p> <p>I hereby authorize my child to <u>self-administer</u>, with approval of the health care consultant <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</p>	
Signature of Parent/Guardian:	Date:

**** Health Care Consultant** at a recreational camp is a Massachusetts licensed physician, certified nurse practitioner, or a physician assistant with documented pediatric training. **Health Care Supervisor** is a staff person of a recreational camp for children who is 18 years old or older; is responsible for the day to day operation of the health program or component, and is a Massachusetts licensed physician, physician assistant, certified nurse practitioner, registered nurse, licensed practical nurse, or other person specially trained in first aid.

Daily Log for Medication Administration (complete for EACH medication)

Camper and Medication Information

Camper's Name, Gender and Age:

Name and Dosage of Medication:

Route: Frequency:

Year:

Medication Administration Log

Directions: Initial with time of medication administration. Include a complete printed name, signature and initials of person administering medication below.

Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
May																															
June																															
July																															
Aug																															

Initials of individual administering medication										Printed Name and Signature of individual administering medication									
1.																			
2.																			
3.																			
4.																			
5.																			

Codes for administration: (A) Absent

(E) Early Dismissal

(F) Field Trip

(N) No Medication available

(O) No Show

(X) No Camp

**Massachusetts Department of Public Health
Community Sanitation Program
Recreational Camp Injury Report Form**

In accordance with M.G.L. c. 111, §§ 3 and 127A and 105 CMR 430.000: Minimum Sanitation and Safety Standards for Recreational Camps for Children (State Sanitary Code Chapter IV), 105 CMR 430.154 specifically requires that a report be completed, on a form prescribed by the Massachusetts Department of Public Health, for each fatality or serious injury as a result of which a camper or staff person is sent home, or is brought to the hospital or a physician's office and where a positive diagnosis is made. Such injuries shall include, but shall not necessarily be limited to, those where suturing or resuscitation is required, bones are broken, or the child is admitted to the hospital. **A copy of each injury report must be sent to the Massachusetts Department of Public Health within SEVEN (7) days of the occurrence of the injury.**

PLEASE PROVIDE A COMPREHENSIVE AND THOROUGH RESPONSE TO EVERY QUESTION.

1. Name of Camp: _____
2. Street Address (please indicate the camp's in-session, physical address):

City/Town: _____ Zip Code: _____
3. Name of Camp Director: _____ 4. Telephone: _____
5. Name of Person Completing Form: _____
6. Today's Date: _____ 7. Date of injury: _____ 8. Time of Injury: _____ ☐ AM ☐ PM
9. Enter the number of campers and staff who were injured: ____ Camper ____ Staff member

Note: Fill out a separate form for each injured person

10. a) Age of person whose injury is described on this form: _____ b) Gender: ☐ M ☐ F
11. Where did the injury occur? ☐ On camp property ☐ Off camp property
12. Please specify the type of facility where the injury occurred:

<input type="checkbox"/> Athletic or recreational facility	<input type="checkbox"/> Pool
<input type="checkbox"/> Dorm or sleeping quarters	<input type="checkbox"/> Other water body (not pool)
<input type="checkbox"/> Motor vehicle	<input type="checkbox"/> Other, please specify: _____
13. What was the incident outcome? Please check all that apply:
☐ Injury ☐ Illness ☐ Death
14. Explain in detail how the injury occurred (e.g. what type of activity was the injured person engaged in when the injury occurred) and describe the nature of the injury. **Do not include names or other personal identifying information regarding the injured person or other involved parties.**

15. Type of injury. Please check all that apply:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Alleged abuse or neglect | <input type="checkbox"/> Allergic reaction | <input type="checkbox"/> Bite or sting | <input type="checkbox"/> Bruise or contusion |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Concussion | <input type="checkbox"/> Cut or laceration | <input type="checkbox"/> Drowning |
| <input type="checkbox"/> Fracture or dislocation | <input type="checkbox"/> Heat or cold (e.g., heat exhaustion, hypothermia) | <input type="checkbox"/> Muscle strain | <input type="checkbox"/> Near drowning |
| <input type="checkbox"/> Psychological or mental health issue | <input type="checkbox"/> Undetermined | <input type="checkbox"/> Viral or bacterial infection | |
| <input type="checkbox"/> Other, please specify: _____ | | | |

16. What body part(s) were injured? Please check all that apply:

- | | | | | |
|---|----------------------------------|----------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> Head, neck, and/or face | | | | |
| <input type="checkbox"/> Torso, please specify: | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Back | <input type="checkbox"/> Chest | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Upper extremity, please specify: | <input type="checkbox"/> Arm | <input type="checkbox"/> Fingers | <input type="checkbox"/> Hand | <input type="checkbox"/> Shoulder |
| <input type="checkbox"/> Lower extremity, please specify: | <input type="checkbox"/> Ankle | <input type="checkbox"/> Foot | <input type="checkbox"/> Knee | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Internal | <input type="checkbox"/> Toes | | | |
| <input type="checkbox"/> Other, please specify: _____ | | | | |

17. Where was the person treated? Please check all that apply:

- | | | |
|---|--|---|
| <input type="checkbox"/> Admitted to hospital | <input type="checkbox"/> Off-site medical facility (e.g., emergency room, physician's or dentist's office) | <input type="checkbox"/> On-site medical facility (e.g., clinic or infirmary) |
| <input type="checkbox"/> Other, please specify: _____ | | |

18. Was injured person sent home? ☐ Yes ☐ No

19. Did your camp change equipment, policies, or procedures as a result of this incident? ☐ Yes ☐ No

20. If yes, please check all that apply:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Activity removed or forbidden | <input type="checkbox"/> Changes to equipment implemented | <input type="checkbox"/> New safety procedures implemented | <input type="checkbox"/> Safety education updated |
| <input type="checkbox"/> Venue changed or altered <input type="checkbox"/> Other, please specify: _____ | | | |

21. Briefly explain changes implemented as a result of this incident. If no changes were made, please explain why not.

PLEASE MAIL, FAX, OR EMAIL CAMP INJURY REPORTS TO:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF ENVIRONMENTAL HEALTH
COMMUNITY SANITATION PROGRAM
250 WASHINGTON STREET-7th FLOOR
BOSTON, MA 02108-4619
TELEPHONE (617)-624-5757 FAX (617) 624-5777
celestine.payne@state.ma.us

DPH Standards for Training Health Care Supervisor in Medication Administration

Each recreational camp must ensure that the health care supervisor(s) can meet the health and medical needs of each individual camper. The camp's health care consultant must provide training and document the competency of every health care supervisor.¹ This training does not need to be submitted for prior approval, but must be made available by request or during inspection.

Training Topics: An approved training will address, at a minimum, the following issues:

1. Confidentiality
2. The Role of the Health Care Supervisor
3. Limits of the Health Care Supervisor
4. Effects and Possible Side Effects of all Medication Administered
5. Steps in Medication Administration
6. Camp Safeguards and Policies

Test of Competency: Each health care supervisor must have a documented test of competency to administer medications. At a minimum, the health care supervisor must:

1. Demonstrate safe handling and proper storage of medication.
2. Demonstrate the ability to administer medication properly:
 - accurately read and interpret the medication label
 - follow the directions on the medication label correctly
 - accurately identify the camper for whom the medication is ordered
3. Demonstrate the appropriate and correct record keeping regarding medications given and/or self-administered.
4. Demonstrate correct and accurate notations on the record if medications are not taken/given either by refusal or omission and when adverse reactions occur.
5. Describe the proper action to be taken if any error is made in medication administration or if there is an adverse reaction possibly related to medication
7. Use resources appropriately, including the consultant, parent/guardian or emergency services when problems arise.
8. Understand and be able to implement:
 - emergency plans including when to call 911
 - appropriate procedures that assure confidentiality

¹ If HCS is a licensed physician, nurse practitioner, registered nurse or physician's assistant with experience in pediatric care, that certification is evidence of proper training and competency.



Camp Medication Administration Training/Test Checklist:



1. Confidentiality:		
	Importance of not sharing information about campers or medications with anyone unless directed to do so by the HCC	
2. Role of Health Care Supervisor:		
	Administer Medication only by Specific HCC Order to Specific Child	
	Follow Instructions on Medication Sheet	
	Record Time and Effects Observed	
	Reports Any Problem or Uncertainty	
3. Limits of the Health Care Supervisor:		
	HCS may not administer ANY medication without HCC approval	
	HCS may not administer ANY medication without parent/guardian permission	
	HCS may not administer insulin (unless within scope of practice)	
4. Effects and Possible Side Effects of all Medication Administered:		
	Describe Effects of Medications	
	Discuss Common Side-Effects of Medications (drowsiness, vomiting, allergic reaction)	
	Report All Changes that may be side-effects to HCC and Parent/Guardian	
	Record All Changes that may be side-effects in log	
5. Steps in Medication Administration:		
<i>5 Rights of Medication Administration</i>	<ol style="list-style-type: none"> 1. Right Camper 2. Right Medication 3. Right Dosage 4. Right Time 5. Right Route 	
<i>Steps in Medication Administration</i>	<ol style="list-style-type: none"> 1. Identify Camper 2. Read Medication Administration Sheet 3. Wash Hands 4. Select and Read Label of Medication 5. Prepare Medication and Read Label Again 6. Administer Medication and Make Sure Medication is Taken. 7. Replace Medication in Secure Location 8. Lock or Secure Location 9. Document in Medication Log 	
<i>Steps in Supervising Self-Administration</i>	<ol style="list-style-type: none"> 1. Identify Camper 2. Read Medication Administration Sheet 4. Select and Read Label of Medication 5. Observe Student Prepare and Take Medication 6. Replace Medication in Secure Location 7. Lock or Secure Location 8. Document in Medication Log 	
6. Camp Safeguards and Policies		
	Report Any Error to HCC and Parent/Guardian including: <ol style="list-style-type: none"> 1. Camper Given Wrong/Unapproved Medication 2. Camper Refuses Medication 3. Camper Has Unusual or Adverse Reaction Possibly Related to Medication 	
	Review Camp's Emergency Plan and when to call Emergency Services	



DPH Standards for Training Health Care Supervisor and Other Employees on Use of Epinephrine Auto-Injectors

The health care consultant must provide training and document the competency of every health care supervisor on administration of epinephrine auto-injectors.¹ However, due to the emergent nature of anaphylactic reactions, other employees may also be trained in the administration of an epinephrine auto-injector by the health care consultant. As with any medication, the parent/guardian and the health care consultant must have written approval on file. The parent/guardian authorization should also contain a separate approval for other trained employees to administer, or for self-administration by the camper.

Training Topics: An approved training will address, at a minimum, the following issues:

1. Confidentiality
2. Understanding Allergic Reactions and the Signs of Anaphylaxis
 - Mild versus Severe Allergic Reaction Symptoms
3. Allergy Management and Exposure Prevention for Campers with a Diagnosed Allergy
4. Emergency Action Plan for Anaphylaxis
5. Proper Use of an Epinephrine Auto-Injector
6. Documentation and Record-keeping

Test of Competency: Each health care supervisor, and other employees, who are trained in the administration of epinephrine auto-injectors by the health care consultant must have a documented test of competency to administer medications. At a minimum, they must:

1. Demonstrate safe handling and proper storage of epinephrine auto-injectors.
2. Demonstrate the ability to administer an epinephrine auto-injector properly.
3. Demonstrate an understanding of signs and symptoms of an allergic reaction.
4. Describe allergy management and exposure prevention for campers with a known allergy.
5. Describe the proper emergency action to be taken in response to cases of severe allergic reaction:
 - steps to follow
 - when to call 911
6. Demonstrate the appropriate and correct record keeping regarding use of an epinephrine auto-injector.
7. Use resources appropriately, including the consultant, parent/guardian or emergency services.

¹ If HCS is a licensed physician, nurse practitioner, registered nurse or physician's assistant with experience in pediatric care, that certification is evidence of proper training and competency.

Massachusetts Department of Public Health

Medication Administration Competency Skill Checklist

To be completed at the time the Health Care Supervisor (other than licensed medical professional)
is assessed by the camp's Health Care Consultant.

Staff Information:

Health Care

Supervisor

Name: _____

Date: _____

Medication

Name: _____

Route: ☐ Oral Tablet ☐ Topical ☐ Drops: eye, ears, nose

☐ Oral Liquid ☐ Other (please document): _____

Checklist:**Steps to follow:**

√ (Check)

Identifies camper	
Asks camper how he/she feels	
Observes camper	
Reads medication administration plan	
Washes hands	
Checks label of medication	
Prepares medication properly	
Reads label of medication a 2 nd time	
Reads label of medication a 3 rd time and administer med correctly	
Replaces medication in cabinet or refrigerator	
Locks cabinet	
Documents in medication log	

Comments: _____

Signatures:

Health Care

Consultant

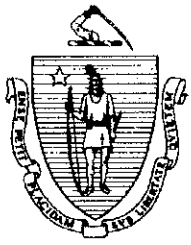
Name and Title: _____

Signature: _____

Health Care

Supervisor

Signature: _____



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Department of Public Health
Bureau of Environmental Health
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Advisory
Guidance on Medication Storage and Administration for Recreational Camps

This document summarizes the requirements for the storage and administration of medications at recreational camps for children in Massachusetts (see 105 CMR 430.159 and 105 CMR 430.160), including the roles of the health care consultant and health care supervisor.

Each recreational camp is required to:

- ✓ Have a health care policy and written procedures for medication administration;¹
- ✓ Obtain written permission from the parent/guardian for administration of any medications by staff and for campers to self-administer certain medications;
- ✓ Provide for secure storage of refrigerated and unrefrigerated medication;
- ✓ Engage at least one Health Care Consultant and at least one Health Care Supervisor to fulfill duties described below

This guidance is designed to provide further detail on these requirements.

Requirements and Duties of the Health Care Consultant

Every camp must have a health care consultant who is a licensed physician, or nurse practitioner, or a physician's assistant with documented pediatric training.

Consistent with the requirements of the 105 CMR 430.159 and 105 CMR 430.160, the camp must engage a health care consultant to:

- 1) Assist in developing the camp's health care policy, including medication storage and handling of health emergencies;
- 2) Develop and oversee a written policy for administering medications, including written medication administration orders to be followed by the health care supervisor and a list of any prescription or over-the-counter medications that will be administered at camp.
- 3) Be available for consultation at all times or provide appropriate professional coverage. The camp must be informed that there will be substitute coverage;

¹ Please note that the Americans with Disabilities Act (ADA) requires that all children be given equal access to recreational camps. Therefore, a recreational camp that refuses admission of a camper based on a camper's need to take medication, has a no medications policy, or refuses to accommodate a disabled camper requiring medication administration, may be in violation of the ADA. For more information regarding ADA compliance, please visit the U.S. Department of Justice website at www.usdoj.gov.

- 4) Provide and document the required DPH-approved training to health care supervisors on administering medications, the signs and symptoms of hypo or hyperglycemia, and appropriate diabetes management plans; and
- 5) Provide and document the required DPH-approved training and test of competency to all camp employees designated to administer epinephrine auto-injectors.

Requirements and Duties of the Health Care Supervisor

Every camp must have at least one health care supervisor. The health care supervisor should be a licensed physician or practical nurse, a registered nurse, a certified nurse practitioner or a licensed physician's assistant; but at a minimum, must be at least 18 years of age, specially trained in first aid (at least current American Red Cross Standard First Aid certification or its equivalent) and CPR, and must have successfully completed all trainings provided by the health care consultant.

- **EXCEPTION:** In camps specifically for children with mild or severe disabilities, medical specialty camps or residential camps where the number of staff and campers totals 150 or greater, the health care supervisor must be a licensed physician or practical nurse, a registered nurse, a certified nurse practitioner or a licensed physician's assistant.

Consistent with the requirements in 105 CMR 430.159 and 105 CMR 430.160, the camp must employ at least one health care supervisor to:

- 1) Be present at the camp at all times and be available to render emergency first aid;
- 2) Be responsible for the day to day operation of the camp's health program, including medication administration in accordance with the orders of the health care consultant and with permission of the parent/guardian; and
- 3) Support blood monitoring activities and self-injection of insulin of diabetic children, if the health care supervisor has relevant training and with permission of the parent/guardian.

Requirements of the Written Medication Administration Policy:

The medication administration policy must include, but is not limited to, the following:

- 1) A list of individuals at the camp authorized by scope of practice to administer medications and/or properly trained or instructed health care supervisors that may administer **oral or topical** medications;
- 2) A list of all medications that will be administered at the camp;
- 3) Requirement that parent/guardian permission be obtained for any administration of medication;
- 4) Requirement that medication must be taken from an original container and administered directly to the camper, and a procedure to ensure positive identification of each camper who is to receive medication; and
- 5) Procedure addressing the circumstances in which a camper or other employee may administer **epinephrine** injections based upon the following requirements:
 - a. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may self-administer and carry an epinephrine auto-injector with him or her at all times for the purposes of self-administration if:
 - i. The camper is capable of self-administration; **and**
 - ii. Both the health care consultant and camper's parent/guardian have given written approval

- b. A camper prescribed an epinephrine auto-injector for a known allergy or pre-existing medical condition may receive an epinephrine auto-injection from someone who may give injections within their scope of practice, or from a camp employee if:
 - i. Both the health care consultant and camper's parent/guardian have given written approval; **and**
 - ii. The employee has completed a training developed by the camp's health care consultant in accordance with the requirements in 105 CMR 430.160.
- 6) Procedure addressing the circumstances in which a camper may self-administer **insulin** injections based upon the following requirements:
 - a. A diabetic camper that requires his or her blood sugar be monitored, or requires insulin injections may self-monitor and/or self-inject himself or herself if:
 - i. The camper is capable of self-monitoring or injecting; **and**
 - ii. Both the health care consultant and camper's parent/guardian have given written approval.
 - b. Self-injection must take place in the presence of the **health care consultant or health care supervisor** who may support the camper's process of self-administration.
- 7) The circumstances under which the health care consultant and/or parent/guardian must be notified. These must include mechanisms for timely notification of a parent/guardian when medication was not administered in accordance with the prescription (e.g., medication not available; missed dose; dose refused) and a procedure to ensure these circumstances are identified when they occur.

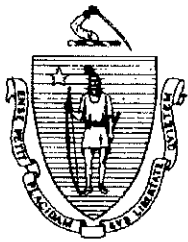
Requirements for Storage, Disposal and Delivery of Medication

- **Storage:** All medications must be stored in a secure manner or under the direct control of the health care consultant, health care supervisor, or camper authorized to self-administer.
 - The health care policy must include the designated secure locations where refrigerated and unrefrigerated medication will be stored and the procedures for ensuring proper storage conditions for medications, including the use of thermometers to monitor the temperature of refrigerated medications.
 - Prescribed medication must always be kept in an original pharmacy container. Repackaging of medication and intermediary or substitute containers is NOT allowed.² Camp personnel cannot transfer medications from one bottle to another.
 - Medication can be taken from the camp on a trip, but may not be repackaged. To ensure repackaging does not occur:
 - The original prescription container can be taken from the camp base as long as the medication remains in a locked case, in the possession of the licensed health care professional or the supervisor until return to the home base of the camp.
 - The camp operator may require that parents/guardians supply the camp with two (2) original prescription containers for each type of prescription medication necessary for their child. Each container would have an allotment of medication that would allow one container of medication to remain at the camp base and the second bottle to travel securely as described in the bullet above.

² If medication is dispensed by a pharmacy in customized packaging (e.g., different medications packaged together for one patient in a sealed unit for administration together), all relevant staff should be appropriately trained in the management and utilization of such packaging. The camp should verify with the pharmacy that such customized packaging meets DPH/Board of Registration in Pharmacy requirements for packaging and labeling.

- **Disposal:** When no longer needed, medications must be returned to a parent or guardian whenever possible. If the medication cannot be returned, it must be properly disposed of in accordance with state and federal laws and be documented in writing in a medication disposal log.
 - The camp must dispose of any hypodermic needles and syringes in accordance with 105 CMR 480.000: Minimum Requirements for the Management of Medical or Biological Waste (State Sanitary Code VIII).
- **Delivery:**
 - The health care supervisor, health care consultant or a licensed health care professional may accept delivery of prescription medications from a parent/guardian or may pick up prescription medications from a licensed retail pharmacy upon the written authorization of the parent/guardian.
 - A camp may not arrange for or accept delivery of prescription medications directly from a pharmacy, except in the case in which only licensed health care professionals receive, manage and administer medications to campers.
 - If prescription medications are to be delivered to such a camp by a licensed pharmacy:
 - only a licensed health care professional may accept delivery from the licensed pharmacy; and
 - the camp must obtain written authorization for such delivery from the parent/guardian.

Regardless of the mode of delivery, medications must be delivered and maintained at all times in the original container as dispensed by the licensed pharmacy. All packaging and labeling should be in accordance with the most recent guidelines of the U.S. Pharmacopeia (USP).



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**Advisory regarding the Parent/Guardian Authorization to
Administer Medication to a Camper**

CONTACTS: Steven F. Hughes, Director (617) 624-5757, or
David T. Williams, Senior Analyst (781) 774-6612

RE: Clarification of Recreational Camp document titled: Authorization to Administer Medication
to a Camper (completed by parent/guardian)

DATE: March 29, 2018

Dear Parent/Guardian,

If your child may require any medication during their time at camp, Massachusetts regulations require the camp to follow certain procedures to ensure minimum safety requirements are met (105 CMR 430.000: *Minimum Standards for Recreational Camps for Children* (State Sanitary Code, Chapter IV)). The attached consent form gives the camp permission to store and administer medication to the camper by certain trained camp staff. The criteria below explain the requirements for those medications and the procedures the camp must follow. It is important for you to carefully review these criteria and discuss any specific questions with camp staff.

- **If providing prescription medications for the camp to administer to your child, please complete the attached form "Authorization to Administer Medication to a Camper" completely.**
 - Specify "NA" – Not Applicable, where appropriate.
 - Be sure to sign the form.
- **Medication that will be administered at camp must be provided by the parent/guardian to the camp in the original container(s) bearing the pharmacy label with the following information:**
 - the date of filling
 - the pharmacy name and address
 - the filling pharmacist's initials
 - the serial number of the prescription
 - the name of the patient
 - the name of the prescribing practitioner
 - the name of the prescribed medication
 - directions for use and cautionary statements contained in such prescription or required by law
 - if tablets or capsules, the number in the container
 - All over-the-counter medications must be kept in the original containers containing the original label, which shall include the directions for use

¹ There is an exception for epinephrine auto injectors, where other trained employees may administer with parent/guardian consent.

- **Medications must be stored at camp in a secure location.**
- **When camp session ends, all remaining medications must be returned to the parent or guardian whenever possible or destroyed.**
- **Prescription medication may only be administered by the camp's Health Care Consultant (HCC) or designated Health Care Supervisor (HCS)¹**
 - The Health Care Consultant is a licensed health care professional authorized to administer prescription medications, but may not be required to be on-site at all times
 - The Health Care Supervisor may or may not be a licensed health care professional authorized to administer prescription medications. If they are not a licensed health care professional, they must be trained by the Health Care Consultant and the administration of medications must be under the professional oversight of the Health Care Consultant. A Health Care Supervisor must be on-site at all times the camp is operating.
- **If your child is insulin dependent, you may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration, and a Health Care Supervisor will need to be present to oversee self-administration. There are boxes in the attached forms where you can confirm or deny this permission.**
- **If your child has an allergy requiring an epinephrine prescription (epinephrine auto injector):**
 - You may grant them permission to self-administer if you deem appropriate. The camp's Health Care Consultant will also need to approve self-administration.
 - You may consent to trained employees, other than the HCC or HCS, administering the epinephrine auto injector during an emergency.
- Every camp must have a written policy for the administration of medications that identifies the individuals who will administer medications, as well as storage and record keeping procedures. You may ask the camp for a copy of their policy.



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**Policy Statement Regarding Background Information Checks for
Staff and Volunteers at Recreational Camps for Children**

The following information is intended to assist camp operators and boards of health in the interpretation of 105 CMR 430.090 regarding background checks for staff and volunteers at recreational camps for children. **Note:** No person can be employed or volunteer at a camp until the operator has obtained, reviewed and made a determination concerning all background information required at 105 CMR 430.090 (C) and (D) as summarized below.

Please note that the information contained in this document reflects the requirement of M.G.L. c. 6 §172G that camp operators obtain all available criminal offender record information and juvenile data as found in the court activity record for all prospective employees or volunteers prior to employment or volunteer service, and M.G.L. c. 6 §172 requirement that camp operators share this criminal offender record information with the government entities (e.g. - health agents) charged with overseeing, supervising, or regulating them.

The information given below is categorized by the residence of the prospective staff person as well as, volunteer. Follow the steps noted below to obtain background information for that person.

Staff Person - any individual employed by a recreational camp for children:

1. MA Resident

- A. Prior work history for previous five (5) years including, a name, address and phone number of a contact person at each place of employment.
- B. Three (3) positive reference checks from individuals not related to the staff person.
- C. Obtain criminal offender record information and juvenile report (CORI/Juvenile Report) from the Massachusetts Department of Criminal Justice Information Services (DCJIS).
- D. Sex offender registry information (SORI) check from the Massachusetts Sex Offender Registry Board (SORB).

2. Out of State Resident - Staff person whose permanent residence is outside MA

- A. Prior work history for previous five (5) years including, a name, address and phone number of a contact person at each place of employment.
- B. Three (3) positive reference checks from individuals not related to the staff person.
- C. Obtain CORI/Juvenile Report from the Massachusetts DCJIS.
- D. SORI check from the Massachusetts Sex Offender Registry Board.
- E. Obtain a criminal record check, or equivalent where practicable*, from the staff person's state of residence. Information can be obtained from the state's criminal information system, local chief of police, or other local authority with relevant information. Additionally, a national background check (e.g. - fingerprints) will also be acceptable. The availability and process for obtaining criminal history information from the other states can be found at <http://www.mass.gov/eopss/crime-prev-personal-sfty/bkgd-check/cori/request-rec/requesting-out-of-state-criminal-records.html>.

3. International Resident - Staff person who currently lives outside of the United States

- A. Prior work history for previous five (5) years including a name, address and phone number of a contact person at each place of employment.
- B. Three (3) positive reference checks from individuals not related to the staff person.
- C. Obtain CORI/Juvenile Report from the Massachusetts DCJIS.
- D. Obtain a criminal record check, or equivalent where practicable*, from the staff person's country of residence. Information can be obtained from the country's criminal information system, local chief of police, or other local authority with relevant information.
- E. International staff(s) who have previously **been in the United States**: obtain a SORI check from the Massachusetts Sex Offender Registry Board.

Note on Permanent Staff: If there is no interruption in the staff person's employment by the camp or organization operating the camp from the time of the initial background check, **a new criminal or sex offender history is required at a minimum of every three years**. This applies only to permanent employees of the same camp/organization. Any break in employment service at any time during the year requires a new criminal history and SORI check for the staff person. An individual returning from one summer to the next, but not employed during the year is not considered a permanent staff person; therefore the camp must complete new criminal history and SORI checks.

Note on Returning Staff: Returning staff may use references on record with the camp from the preceding year to satisfy the requirements of 105 CMR 430.090 (C) (noted as step B within the categories above). However, if there is a gap in employment with the camp for at least one camp season, new references shall be required.

* *Where practicable means*, if the out of state or foreign jurisdiction notifies the camp in writing that no criminal background check or recognized equivalent is available from the jurisdiction, then the prospective staff person/volunteer, if s/he has completed all other requirements of 105 CMR 430.090, is deemed to be in compliance with 105 CMR 430.090. In addition, provided that the camp operator documents: (1) that s/he has timely requested the criminal history check from the appropriate jurisdiction (proof of mailing by certified mail) and that the requested authority failed to answer in writing; and (2) the completion of, at a minimum, all other requirements of 105 CMR 430.090; and (3) for international staff screened by an agency, a certification by the agency that a thorough background check was completed and that no criminal report from the staff person's local jurisdiction is available, then the prospective staff member, is deemed to be in compliance with 105 CMR 430.090.

Volunteers - any person who works in an unpaid capacity at a recreational camp for children:

1. All Volunteers

- A. Prior work or volunteer history for previous five (5) years including a name, address and phone number of a contact person at each place of employment or place of volunteer service.
- B. Obtain CORI/Juvenile Report from the Massachusetts DCJIS.
- C. SORI check from the Massachusetts Sex Offender Registry Board.

Criminal records and SORI checks must be kept separate from general camp paperwork and must only be accessed by individuals that are authorized to review it. If camps store the information at a location different from the camp, for example in a central office, the camp must arrange for the documents to be at the camp for the initial inspection for licensure. If the documents are not on site at the time of the inspection, it will be necessary for the camp to arrange another time for the inspector to review the documents.

If you have questions about the CORI or SORI check process, or about the information a camp receives from the DCJIS or SORB, please contact the appropriate agency below:

Department of Criminal Justice Information Services

617-660-4600

<https://www.mass.gov/how-to/cori-forms-and-information.html>

Sex Offender Registry Board

978-740-6400

<https://www.mass.gov/orgs/sex-offender-registry-board>

Information About Recreational Camps in Massachusetts: Questions and Answers for Parents



WHAT IS A RECREATIONAL CAMP FOR CHILDREN?

A recreational camp for children is a day or residential (overnight) sports, travel, or wilderness program that offers recreational activities and instruction to campers. Such camps have five or more children and typically operate anytime between June 1 and September 30 and/or during school vacations. Please note that there are certain factors, such as length of time the camp is in session and type of entity operating a program, that influence whether a program is considered a recreational camp under applicable Massachusetts law (G.L.c. 111, 127A) and mandated regulations (105 CMR 430.000 et. seq.: Minimum Sanitation and Safety Standards for Recreational Camps for Children). For further information on licensed recreational camps for children, contact the local board of health in the community where the camp is located.

DO RECREATIONAL CAMPS FOR CHILDREN HAVE TO BE LICENSED?

Yes. In Massachusetts, recreational camps for children must be inspected and licensed by the local board of health in the city or town where the camp is located. In order to be licensed,

the camp must meet all regulatory standards established by the Massachusetts Department of Public Health (MDPH) and any additional local requirements.

ARE ALL SUMMER PROGRAMS LICENSED AS RECREATIONAL CAMPS FOR CHILDREN?

No. There are certain regulatory requirements that a camp program must meet to be licensed as a recreational camp for children. The definition of a recreational camp for children and specific provisions for its licensure are found in regulations at 105 CMR 430.000. Programs that do not meet the legal definition of a recreational camp for children are not subject to MDPH's regulatory provisions and therefore may not follow the mandatory requirements that apply to licensed recreational camps for children including:

- performing criminal record background checks on each staff person and volunteer prior to employment;
- requiring proof of camper and staff immunizations;
- requiring proof of appropriate training, certification, or experience for staff conducting or supervising specialized or high risk activities.

In addition, neither MDPH nor a local board of health conducts on-site inspections of facilities that are not considered recreational camps for children.

To see if a camp is licensed, contact the local health department (board) in the community where the program is located.

WHAT IS THE PURPOSE OF THE REGULATIONS?

The regulations establish minimum health, safety, sanitary, and housing standards to protect the well-being of children who are in the care of recreational camps for children in Massachusetts.

WHERE CAN I GET INFORMATION ON THE STATUS OF A RECREATIONAL CAMP'S LICENSE?

The local health department/board in the community where the camp is located can confirm if the camp is a licensed recreational camp for children, confirm the status of the camp's license, and provide a copy of the camp's most recent inspection report.

WHAT DOES THE LOCAL HEALTH DEPARTMENT/BOARD EVALUATE AS PART OF A CAMP INSPECTION?

The primary purpose of the inspection is to ensure that the camp provides an appropriate environment to protect the health, safety, and well-being of the campers. Inspectors look to see that the camp has, for example: safe structures and equipment; adequate sanitary facilities; sufficient supervision of the campers; appropriate plans in case of medical emergencies, natural, and other physical disasters; sufficient health care coverage; and injury and fire prevention plans. Contact the local health department/board of the community in which the camp is located to find out mandatory requirements, policies, and standards.

ARE RECREATIONAL CAMPS REQUIRED TO PROVIDE COPIES OF OPERATING PLANS AND PROCEDURES?

Yes. You may ask a camp representative to let you see copies of any of the required plans and procedures.

ARE THERE MINIMUM QUALIFICATIONS FOR CAMP COUNSELORS IN MASSACHUSETTS?

Yes. All counselors are required to have at least four weeks experience in a supervisory role with children or four weeks experience with group camping. Counselors must also complete an orientation program before

campers arrive at camp. Any counselor who supervises children in activities such as horseback riding, hiking, swimming, and other events must also have appropriate specialized training, certification, and experience in the activity. You may ask to see proof that a counselor is certified in a particular activity.

IS THE CAMP REQUIRED TO CONDUCT BACKGROUND CHECKS ON CAMP STAFF?

Yes. For all camp staff and volunteers, the recreational camp for children must conduct a background check that includes obtaining and reviewing the applicant's previous work history and confirming three positive references. The camp must also obtain a Criminal Offender Record Information (CORI) history/juvenile record history from the Massachusetts Department of Criminal Justice Information Services to determine whether the applicant has a juvenile record or has committed a crime that would prevent the applicant from being with campers. The local health department/board will verify that CORI checks have been conducted during their annual licensing inspection. Where an applicant resides in another state or in a foreign jurisdiction, where practicable, the camp must also obtain from the applicant's criminal information system board, the chief of police, or other relevant authority a criminal record check or its recognized equivalent. The camp is required to hire staff and volunteers whose backgrounds are free of conduct that bears adversely upon his or her ability to provide for the safety and well-being of the campers.

IS THE CAMP REQUIRED TO CHECK STAFF AND VOLUNTEER BACKGROUNDS FOR A HISTORY OF SEXUAL OFFENSES?

Yes. The operator of the camp must obtain a Sex Offender Registry Information (SORI) report from the Massachusetts Sex Offender Registry Board (SORB) for all prospective camp staff, including any volunteers. The Sex Offender Registry Board is a public safety agency responsible for protecting the public from sex offenders. The local health department/board will verify that SORI checks have been conducted during their annual licensing inspection. For more information

concerning the Sex Offender Registry Board, and SORI information and policies available to the public, visit the SORB website at www.mass.gov/sorb.

HOW CAN I BE SURE THAT SUCH BACKGROUND CHECKS HAVE BEEN CONDUCTED?

You can request a copy of the camp's written policy on staff background checks from the camp director. Please note, however, that you are not authorized to review the staff person's actual CORI and SORI report.

HOW OLD DO CAMP COUNSELORS HAVE TO BE?

There are different age requirements depending on the type of camp. A counselor working at a licensed residential (overnight), sports, travel, trip, or special needs camp must be 18 years of age or have graduated from high school. Counselors working at a day camp must be at least 16 years of age. All counselors at licensed camps in Massachusetts are required to be at least three years older than the campers they supervise.

IS THE CAMP REQUIRED TO HAVE A PERSON ON-SITE WHO KNOWS FIRST AID AND CPR?

Yes. All licensed camps are required to have a health supervisor at the camp at all times who is at least 18 years of age and is currently certified in first aid and CPR. The camp must provide backup for the health care supervisor from a Massachusetts licensed physician, physician assistant, or nurse practitioner who serves as a health care consultant. Special needs camps and residential camps where there are a large number of campers and staff must have a licensed health care provider, such as a physician or nurse, on site.

HOW CAN I COORDINATE MY CHILD'S MEDICATION ADMINISTRATION WHILE AT A RECREATIONAL CAMP?

Licensed camps are required to keep all medications in their original containers and to store all prescription medications in a locked cabinet. If your child will be participating in off-site activities while taking prescription medication, a second original pharmacy

container must be provided to the camp. The only individual authorized to give your child his/her medication is a licensed health care professional or the camp health supervisor with oversight by the camp health care consultant. (Note that other arrangements may be made for emergency medications such as epi-pens and inhalers.) When your child returns from camp, the medication must be returned to you, if possible, or destroyed.

CAN A CAMP DISCIPLINE MY CHILD?

Yes. Camps are required to have a written disciplinary policy that explains their methods of appropriate discipline, e.g. 'time-out' from activities, sending a child to the camp director's office, etc. Under no circumstances, however, may a camper be subjected to corporal punishment, such as spanking, or be punished by withholding food or subjecting a camper to verbal abuse or humiliation.

WHAT STEPS DOES A CAMP HAVE TO TAKE TO PROTECT MY CHILD FROM ABUSE AND NEGLECT?

Public Health Regulation 105 CMR 430.000 requires all camps to have policies and procedures in place to protect campers from abuse and neglect while at camp. You may ask a camp representative for specific information on the camp's policies, as well as its procedures for reporting a suspected incident. In order to protect your child from possible abuse, you should talk openly and frequently with your child about how to stay safe around adults and other children.

WHERE CAN I GET MORE INFORMATION ON ABUSE/NEGLECT?

For guidance on abuse prevention and counseling regarding a possible abuse situation, contact the Massachusetts Department of Children and Families (DCF) Child-At-Risk Hotline at 1-800-792-5200 or the Massachusetts Child Sexual Abuse Prevention Partnership at www.masskids.org or 617-742-8555 ext.1

WHAT STEPS CAN A CAMP (AND PARENTS) TAKE TO HELP PROTECT CHILDREN FROM MOSQUITO- AND TICKBORNE DISEASE SUCH AS EASTERN

EQUINE ENCEPHALITIS (EEE), WEST NILE VIRUS (WNV), AND LYME DISEASE?

Parents and camp administrators can discuss the need for repellent with campers. Use of insect repellents that contain 30% or lower of DEET (N,Ndiethyl- m-toluamide) are widely available and have proven to be safe and effective for children (greater than 2 months of age) when used as directed and certain precautions are observed. These products should be applied based on the amount of time the camper spends outdoors and the length of time protection is expected as specified on the product label.

SHOULD PRODUCTS THAT CONTAIN BOTH INSECT REPELLENT AND SUNSCREEN BE USED?

No. Use of DEET products that combine repellent with sunscreen are not recommended, as over application of DEET can occur if sunscreens need to be applied more frequently. It is generally recommended to apply sunscreen first, then insect repellent.

WHAT IS THE BEST WAY TO APPLY REPELLENTS?

Repellents containing DEET should only be applied to exposed skin, and children should be encouraged to cover skin with clothing when possible, particularly for early morning and evening activities when more mosquitoes are present. DEET products should not be applied near the eyes and mouth; applied over open cuts, wounds, or irritated skin; or applied

on the hands of young children (the CDC recommends that adults apply repellents to young children). Skin where the repellent was applied should be washed with soap and water after returning indoors and treated clothing should be washed before it is worn again. Spraying of repellents directly to the face or in enclosed areas should be avoided.

Do not rely on glossy pictures and slick brochures when considering a recreational camp for your child.

Contact the camp director to schedule an appointment for an informational meeting and tour of the facility prior to registering your child.

Ask the camp for a copy of its policies regarding staff background checks, as well as health care and disciplinary procedures. Ask to see a copy of the procedures for filing complaints with the camp.

Call the local health department/board in the city or town where the camp is located for information regarding inspections of the camp and to inquire about the camp's license status.

Obtain names of other families who have sent their children to the camp, and contact them for an independent reference.

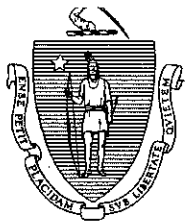
For More Information

If you would like a copy of the state regulations or additional information concerning recreational camps for children, please visit www.mass.gov/dph/dcs or call the Massachusetts Department of Public Health Bureau for Environmental Health's Community Sanitation Program at 617-624-5757

To order copies of "Information About Recreational Camps in Massachusetts: Questions and Answers for Parents" contact the Community Sanitation Program at: Phone: 617-624-5757 | Fax: 617-624-5777 | TTY: 617-624-5286

Revised 2016





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To: Camp Directors
From: Pejman Talebian, MA, MPH, Director, Immunization Program
Date: March 2018
Subject: Required Immunizations for Children Attending Camp and Camp Staff

Vaccination is critically important to control the spread of vaccine-preventable disease. In 2017, a single case of mumps at a summer camp in Massachusetts resulted in isolation of ill individuals, vaccination of those without evidence of two doses of MMR vaccine at several camps, and quarantine of those who did not have evidence of immunity to mumps and who could not get vaccinated. International staff and campers with missing or incomplete vaccination records made rapid implementation of disease control measures very challenging.

Required Vaccines:

Minimum Standards for Recreational Camps for Children, 105 CMR 430.152, has been updated. Beginning in the summer of 2018, immunization requirements for children attending camp will follow the Massachusetts school immunization requirements, as outlined in the Massachusetts School Immunization Requirements table. Children should meet the immunization requirements for the grade they will enter in the school year following their camp session. Children attending camp who are not yet school aged should follow the Daycare/Preschool immunization requirements included on the School Immunization Requirements table.

Campers, staff and volunteers who are 18 years of age and older should follow the immunizations outlined in the document, Adult Occupational Immunizations.

The following page includes portions of the Massachusetts School Immunization Requirements table and Adult Occupational Immunizations table relevant for camps.

If you have any questions about vaccines, immunization recommendations, or suspect or confirmed cases of disease, please contact the MDPH Immunization Program at 888-658-2850 or 617-983-6800.

Grades Kindergarten – 6

Kindergarten requirements apply to all students ≥ 5 years.

DTaP	5 doses; 4 doses are acceptable if the 4 th dose is given on or after the 4 th birthday. DT is only acceptable with a letter stating a medical contraindication to DTaP.
Polio	4 doses; 4 th dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Grades 7 – 12

In ungraded classrooms, grade 7 requirements apply to all students ≥ 12 years.

Tdap	1 dose; and history of DTaP primary series or age appropriate catch-up vaccination. Tdap given at ≥ 7 years may be counted, but a dose at age 11-12 is recommended if Tdap was given earlier as part of a catch-up schedule. Td should be given if it has been ≥ 10 years since Tdap.
Polio	4 doses; 4 th dose must be given on or after the 4 th birthday and ≥ 6 months after the previous dose, or a 5 th dose is required. 3 doses are acceptable if the 3 rd dose is given on or after the 4 th birthday and ≥ 6 months after the previous dose.
Hepatitis B	3 doses; laboratory evidence of immunity acceptable
MMR	2 doses; first dose must be given on or after the 1 st birthday and the 2 nd dose must be given ≥ 28 days after dose 1; laboratory evidence of immunity acceptable
Varicella	2 doses; first dose must be given on or after the 1 st birthday and 2 nd dose must be given ≥ 28 days after dose 1; a reliable history of chickenpox* or laboratory evidence of immunity acceptable

Campers, staff and volunteers 18 years of age and older

MMR	2 doses, anyone born in or after 1957. 1 dose, anyone born before 1957 outside the U.S. Anyone born in the U.S. before 1957 is considered immune. Laboratory evidence of immunity to measles, mumps and rubella is acceptable
Varicella	2 doses, anyone born in or after 1980 in the U.S., and anyone born outside the U.S. Anyone born before 1980 in the U.S. is considered immune. A reliable history of chickenpox or laboratory evidence of immunity is acceptable
Tdap	1 dose; Td should be given if it has been ≥ 10 years since Tdap
Hepatitis B	3 doses for staff whose responsibilities include first aid; laboratory evidence of immunity is acceptable

Meningococcal Disease and Camp Attendees: Commonly Asked Questions

What is meningococcal disease?

Meningococcal disease is caused by infection with bacteria called *Neisseria meningitidis*. These bacteria can infect the tissue (the "meninges") that surrounds the brain and spinal cord and cause meningitis, or they may infect the blood or other organs of the body. Symptoms of meningococcal disease can include fever, severe and constant headache, stiff neck or neck pain, nausea and vomiting, and rash. In the US, about 350-550 people get meningococcal disease each year and 10-15% die despite receiving antibiotic treatment. Of those who survive, about 10-20% may lose limbs, become hard of hearing or deaf, have problems with their nervous system, including long term neurologic problems, or have seizures or strokes.

How is meningococcal disease spread?

These bacteria are passed from person-to-person through saliva (spit). You must be in close contact with an infected person's saliva in order for the bacteria to spread. Close contact includes activities such as kissing, sharing water bottles, sharing eating/drinking utensils or sharing cigarettes with someone who is infected; or being within 3-6 feet of someone who is infected and is coughing and sneezing.

Who is most at risk for getting meningococcal disease?

People who travel to certain parts of the world where the disease is very common, microbiologists, people with HIV infection and those exposed to meningococcal disease during an outbreak are at risk for meningococcal disease. Children and adults with damaged or removed spleens or persistent complement component deficiency (an inherited immune disorder) are at risk. Adolescents, and people who live in certain settings such as college freshmen living in dormitories and military recruits are at greater risk of disease from some of the serotypes.

Are camp attendees at increased risk for meningococcal disease?

Children attending day or residential camps are **not** considered to be at an increased risk for meningococcal disease because of their participation.

Is there a vaccine against meningococcal disease?

Yes, there are 2 different meningococcal vaccines. Quadrivalent meningococcal conjugate vaccine (Menactra and Menveo) protects against 4 serotypes (A, C, W and Y) of meningococcal disease. Meningococcal serogroup B vaccine (Bexsero and Trumenba) protects against serogroup B meningococcal disease, for age 10 and older.

Should my child or adolescent receive meningococcal vaccine?

That depends. Meningococcal conjugate vaccine (Menactra and Menveo) is routinely recommended at age 11-12 years with a booster at age 16. In addition, this vaccine may be recommended for children with certain high-risk health conditions, such as those described above. Otherwise, meningococcal vaccine is **not** recommended for attendance at camps.

Meningococcal serogroup B vaccine (Bexsero and Trumenba) is recommended for people with certain relatively rare high-risk health conditions (examples: persons with a damaged spleen or whose spleen has been removed, those with persistent complement component deficiency (an inherited disorder), and people who may have been exposed during an outbreak). Adolescents and young adults (16 through 23 years of age) who do not have high risk conditions **may** be vaccinated with a serogroup B meningococcal vaccine, preferably at 16 through 18 years of age, to provide short term protection for most strains of serogroup B meningococcal disease. Parents of adolescents and children who are at higher risk of infection, because of certain medical conditions or other circumstances, should discuss vaccination with their child's healthcare provider.

How can I protect my child or adolescent from getting meningococcal disease?

The best protection against meningococcal disease and many other infectious diseases is thorough and frequent handwashing, respiratory hygiene and cough etiquette. Individuals should:

1. wash their hands often, especially after using the toilet and before eating or preparing food (hands should be washed with soap and water or an alcohol-based hand gel or rub may be used if hands are not visibly dirty);
2. cover their nose and mouth with a tissue when coughing or sneezing and discard the tissue in a trash can; or if they don't have a tissue, cough or sneeze into their upper sleeve.
3. not share food, drinks or eating utensils with other people, especially if they are ill.
4. contact their healthcare provider immediately if they have symptoms of meningitis.

If your child is exposed to someone with meningococcal disease, antibiotics may be recommended to keep your child from getting sick.

You can obtain more information about meningococcal disease or vaccination from your healthcare provider, your local Board of Health (listed in the phone book under government), or the Massachusetts Department of Public Health Division of Epidemiology and Immunization at (617) 983-6800 or on the MDPH website at www.mass.gov/dph.

Provided by the Massachusetts Department of Public Health in accordance with M.G.L. c.111, s.219 and 105 CMR 430.157(C).

Massachusetts Department of Public Health, Division of Epidemiology and Immunization, 305 South Street, Jamaica Plain, MA 02130 Updated March 2018

Recreational Camp Emergency Plans for Incidents and Natural Disasters

All Recreational Camps are required to have policies and procedures in place for various emergencies that may occur. Below are sample plans for various natural disasters, emergencies and other life-threatening events. Each camp is unique in character and operation which should be reflected in these plans. Please make appropriate modifications to ensure the plans are useful for your camp including adding site specific facilities, buildings, directions for proper egress, designated meeting areas, communication systems (e.g., intercoms, etc.) and emergency response numbers.

Note: These plans are very general. They are intended to assist the camp operator in developing a comprehensive plan that is appropriate for their individual facility and applicable situations.

Additionally, all appropriate staff must be advised of the procedures in the plans.

Please review regulations 105 CMR 430.159(B), 105 CMR 430.190(E), 105 CMR 430.210, and 105 CMR 430.215 regarding emergency plans.

Each camp should have plans for events including, but not limited to:

Contingency Plans for Day Camp	Lightning	Emergency Plan for the Evacuation of the Program or Facility
Disaster/Emergency Plan	Wildfire	Fire Evacuation Plan
Tornado or High Winds	Medical Policies / Plans	Unrecognized Person(s)
Flash Floods	Lost Camper Plan	
	Lost Swimmer Plan	

Below are examples of plans for some such event:

1. Contingency Plans for Day Camps

All day camps must have written contingency plans in accordance with 105 CMR 430.211 to address the following situations:

- A child who is registered for camp and on the morning roll call fails to arrive for a day's activities.
 - double check attendance and/or roll call
 - call parents/guardians or other contact name provided on the camper's application form
- A child fails to arrive at the point of pickup at the end of the day.
 - double check attendance and/or roll call
 - check with Main Office to see if camper was picked up early by parents/guardians
 - check campgrounds in accordance with your lost camper plan
- A child comes to camp without being registered or without notifying the camp.
 - check with the child's parents/guardians if still on site
 - find out which camper the child arrived with: friend, brother/sister, etc. -- obtain contact information from forms
 - call the child's parent/guardian if the child's phone number is obtained

Recreational Camp Emergency Plans for Incidents and Natural Disasters

2. Disaster/Emergency Plans (e.g. – Lightning, Flash Floods, Wildfire, etc.)

All recreational camps for children must have a written disaster/emergency plan, in accordance with 105 CMR 430.210(B).

- If advised by authorities to evacuate an area, do so immediately.
- Explain all means of notifying occupants to evacuate or retreat to shelter, e.g., intercom, alarms, etc.
- Describe arrangements for transporting individuals from the camp to emergency or other facilities, including, but not limited to, emergency shelters.

3. Tornado or High Winds

The plans should include:

- Go to a basement (if available) or to interior rooms and halls on the lowest floor.
- Stay away from glass enclosed places or areas with wide-span roofs, such as an auditorium or lodge.
- Crouch down against the floor and cover the back of your head and neck with your hands.
- If no suitable structure is nearby, lie flat in the nearest ditch or depression and use your hands to cover your head.

4. Emergency Plan for the Evacuation of the Program or Facility

- Are separate evacuation plans posted for each activity area and next to each exit?
- Who leads children out of the building?
- Who checks for stragglers?
- Who is responsible for ensuring the number of children in attendance equals the number of children safely evacuated?
- When are practice evacuation drills conducted?
- Who documents date, time, and effectiveness of each drill?

5. Applicable Health Care Policies and Plans

- Describe plan for administering medication (prescription and non-prescription). Include location, instructions for storage and staff members approved to administer.
- Describe plan for returning or destroying unused medication when no longer needed.
- Describe and include copies of training and tests of competency for staff members administering medication.
- Describe plan for the care of mildly ill campers.
- Describe procedures for identifying and protecting children with allergies and/or other emergency medical information.
- Describe exclusion policy for serious illnesses, contagious disease and reportable diseases to Board of Health.
- Describe procedure when children refuse their medication or are not administered their medication in accordance with instructions signed off by Health Care Consultant and parent/guardian.

Recreational Camp Emergency Plans for Incidents and Natural Disasters

6. Lost Camper Plan

All recreational camps for children must have a written lost camper plan kept on file in accordance with 105 CMR 430.210(C).

During a lost camper search, one person must be in charge of the entire search to avoid confusion and wasted time (time is a critical factor in a search for a missing person). This should be the most senior-trained person, such as a head counselor or camp operator.

- Report the missing camper to the main office, including the following information:
- Camper's name and age
- Last place the camper was seen
- What the camper was wearing
- Other information that could be helpful
- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas.
- Using a communication system, if available, ask the camper to report to a designated area.
- Conduct a search of bathrooms, showers, locker rooms, missing camper's cabin or tent and other camp areas.
- A common practice is to move all campers to one central location to do an accurate head count or roll call.
- Camp staff should search assigned areas to ensure the camp and surrounding areas are searched.
- If the camper was last seen near water, lifeguards must search the entire waterfront
- Check office records to determine if the camper was picked up by parents/guardian or made other special arrangements. If not, contact the parents/guardian to determine if the child was picked up without notifying the camp office.
- Notify emergency personnel (911, if available) if the camper is not found immediately or if the camper requires emergency medical intervention. The search must continue until all campers are accounted for.

7. Lost Swimmer Plan

All recreational camps for children which include swimming in the camp activities must have a written lost swimmer plan kept on file in accordance with 105 CMR 430.210(C).

During a lost swimmer search, one person must be in charge of the entire search to avoid confusion and wasted time (time is a critical factor in a search for a missing swimmer). This should be the most senior trained person (preferably someone trained in open water rescue, such as the aquatics director).

- Use a predetermined signal to alert all staff that a person is missing. Lifeguards must clear the swimming areas. Using a communication system, ask the camper to report to the main lifeguard area, since the camper may have left the area.
- Contact emergency personnel, such as the local fire department, police or search and rescue squad. Notify the dispatcher that you have a possible lost swimmer. Delays in contacting emergency numbers (911, if available) must be avoided. It is better to cancel an emergency call once the swimmer is safe than to delay a call that might save the swimmer.
- Adult counselors may help search shallow areas; trained lifeguards should search deeper areas. Other staff should check bathrooms, showers, locker rooms, missing camper's cabin or tent and other camp areas.
- A common practice is to move all campers to one central location to do an accurate head count or roll call.

Recreational Camp Emergency Plans for Incidents and Natural Disasters

- Lifeguards must continue to search the entire waterfront.
- The search must continue until all campers are accounted for.
- The person in charge of the search should have a list of staff conducting searches in assigned areas. Account for the staff to avoid the need for a double rescue. Staff conducting the search (including lifeguards) should use the buddy system.
- The person in charge of the rescue should interview the person who reported the missing swimmer; information about the swimmer's last known location, etc. is used to direct the search.
- All lifeguards search the swimming area, starting where the missing camper was last seen. Make sure to look under docks, piers, rafts, and other potentially dangerous locations.
- At waterfront facilities such as state parks, staff may have to check other playgrounds, campsites, and wooded areas.

Searching Shallow-Water Areas:

- To search shallow-water areas with pool water clarity, adult volunteers or non-lifeguarding staff members should link arms or hold hands and form a line in the water.
- One lifeguard should serve as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- The shortest person should be in the shallowest water, and the tallest person should be in water that is no more than chest deep.
- The whole line slowly moves across the area together. Start where the lost camper was last seen. One lifeguard should be assigned to oversee this part of the search.
- As the search line moves forward, the searchers gently sweep their feet across the bottom with each step.
- The searchers must not go deeper than chest-deep water. Only trained lifeguards should search deeper areas.

For More Information:

https://con2.classes.redcross.org/learningcontent/PHSS/Lifeguarding/Lifeguarding_032112/media/pdf/LG_PM_CH6_Skill_Sheet_RESCUING_SUBMERGED_VICTIM.pdf

Searching Deep Water Areas:

Use the American Red Cross "deep water line search" method is recommended to search for lost swimmers in water that is greater than chest deep. It is outlined below:

- Several lifeguards, wearing masks and fins, form a straight line, no more than an arm's length from each other. One lifeguard serves as a lookout standing above the water level (on a dock, raft, etc.) with rescue equipment in case a searcher gets in trouble or the missing swimmer is found.
- On command from the lead lifeguard, all searchers do the same surface dive (either feet first or headfirst) to the bottom and swim forward a set number of strokes (usually three).
- If the water is murky, the searchers search the bottom by sweeping their hands back and forth in front of them, making sure to cover the entire area.
- Return to the surface as straight up as possible. At the surface, the line backs up, the lead lifeguard checks to make sure all searchers are accounted for, the line reforms, and on command from the lead lifeguard, dives again.
- Repeat this procedure until the entire swimming and diving area has been searched in one direction. Make sure not to miss any areas on the bottom when you dive and resurface.
- The searchers then repeat the pattern at a 90-degree angle to the first search pattern.
- If the missing swimmer is not found in the swimming and diving areas, expand the search to nearby areas. Consider the effects of any currents.
- Continue to search until the missing person is found or until emergency personnel arrive.

Recreational Camp Emergency Plans for Incidents and Natural Disasters

8. Fire Evacuation Plan

All recreational camps for children must have a written fire evacuation plan. The plan must be approved by the local fire department in accordance with 105 CMR 430.210(A).

- The plan must indicate the frequency of fire drills to be held during the camping session. Fire drills must be held within the first 24 hours of the beginning of each camping session.
- The plan shall identify the number of staff and the number of children. The plan should assign staff to be in charge of specific areas. Staff and counselors will, under no circumstances, leave the campers that are under their direct care.
- Identify all means of egress.
- Explain all means of notifying occupants to evacuate, e.g., intercom, alarms, etc.
- Provide detailed instructions for contacting emergency personnel (fire department).
- Designate an outside area for campers and staff to gather. This area should be far enough away from buildings not to interfere with fire department operations. At the designated area, assigned staff should conduct a roll call. Campers must remain in designated areas until the fire drill/alarm has ended.
- Include a narrative of occupant response to a fire, i.e., how should staff respond in a fire condition?

Example:

- Notify anyone in the immediate area of danger
- Close doors to confine fire/smoke, but do not lock them
- Activate or request that someone else activate the fire alarm
- Evacuate the building, assist campers and other staff under your direction
- Call the fire department (911 or other emergency number) and give them the following information:
 - Building name and address
 - Nearest cross street
 - Location of fire in the building
 - Known information about the fire/smoke
 - Call-back telephone number
 - Do not hang up until the emergency services operator does so
- Use a fire drill/prevention checklist (see attached example) to assist you in the process and to document that fire drills have been performed.

NOTE:

This document includes a checklist to assist you in reviewing your camp to assess potential fire hazards. Also included is a form that may be used in recording and documenting the history of all required fire drills. This form may be duplicated for future use. Use of these documents does not substitute for the fire department's inspection/written statement of compliance required by 105 CMR 430.215.

Recreational Camp Emergency Plans for Incidents and Natural Disasters

Fire Prevention Inspection Checklist:

Housekeeping and Maintenance:

1. "No Smoking" signs posted.	Yes	No
2. "No Smoking" regulations observed.	Yes	No
3. Flammable liquid safely stored in approved containers away from combustibles.	Yes	No
4. Trash/rubbish removal done on a regular basis.	Yes	No
5. All electrical plugs, switches and cords legal and in good repair.	Yes	No
6. Cords are not to be run across doorways or under carpets or mats where they may be stepped on.	Yes	No
7. No extensive use of cords from outlets (octopus).	Yes	No
8. Heat-producing appliances well ventilated.	Yes	No
9. Electrical equipment turned off when not in use.	Yes	No
10. Malfunctioning electrical equipment immediately reported or taken out of service.	Yes	No
11. Areas kept as clean and neat as possible.	Yes	No
12. Materials stacked so as not to tip or fall.	Yes	No
13. Corridors and doorways kept free and clear of obstructions.	Yes	No

Fire and Life Protection Systems:

1. Adequate lighting in corridors, exits, and stairwells.	Yes	No
2. Exit signs illuminate as required (all lights working).	Yes	No
3. Evacuation routes adequately posted.	Yes	No
4. Evacuation signs maintained-none defaced or missing.	Yes	No
5. Fire doors not wedged or blocked open, especially stairwells.	Yes	No
6. Stairwells free of obstacles, storage, debris, etc.	Yes	No
7. Corridors and exits unobstructed (no storage of files, furniture, etc.).	Yes	No
8. Stairwells, corridors, and exits free of trip and slip hazards.	Yes	No
9. Fire detection and alarm systems tested regularly.	Yes	No
10. Fire sprinkler connections and shut off valves visible and accessible.	Yes	No
11. Fire sprinkler heads clean and unobstructed.	Yes	No
12. Adequate clearance (3 feet) for all fire extinguishers and hoses.	Yes	No
13. Fire equipment in proper locations and undamaged.	Yes	No
14. Fire evacuations director and assistant positions updated and fully staffed.	Yes	No
15. All occupants instructed on evacuation plan	Yes	No

CAMP LOCATION _____

INSPECTION DATE _____

INSPECTED BY _____

OFFICIAL TITLE _____

Recreational Camp Emergency Plans for Incidents and Natural Disasters

FIRE DRILL CHECKLIST:

Name of Building: _____

Building Address: _____

Name of Camp: _____

Drill Monitor: _____ Title/Position: _____

Fire Drill Location: _____

Floor/Location to which occupants relocated: _____

Method of activation of fire alarm: _____

Time fire alarm activated: _____ Time occupants vacated fire drill floor: _____

Floor Response Personnel:

1. Evacuation Director present	No	OK	Unobserved
2. Assistant Evacuation Director (s) present	No	OK	Unobserved
3. Stair well monitors	No	OK	Unobserved
4. Elevator monitors	No	OK	Unobserved
5. Search monitors	No	OK	Unobserved
6. Assistants to the physically disabled and non-ambulatory	No	OK	Unobserved
7. Interior doors closed but not locked after searched	No	OK	Unobserved
8. Evacuation assistants checked rest rooms	No	OK	Unobserved
Over all response of floor response team	Satisfactory		Unsatisfactory

Occupant Response:

1. Occupant initial response on sounding of alarm	Satisfactory		Unsatisfactory
2. Occupant noise level	Satisfactory		Unsatisfactory
3. Occupants aware of location of stairwell	Yes	No	Unobserved
4. Did evacuation proceed in smooth and orderly manner?	Yes	No	Unobserved
5. Did visitors to building participate in drill?	Yes	No	Unobserved
6. Overall response of occupants	Satisfactory		Unsatisfactory

Drill Monitor Signature: _____

Date of Fire Drill: _____

